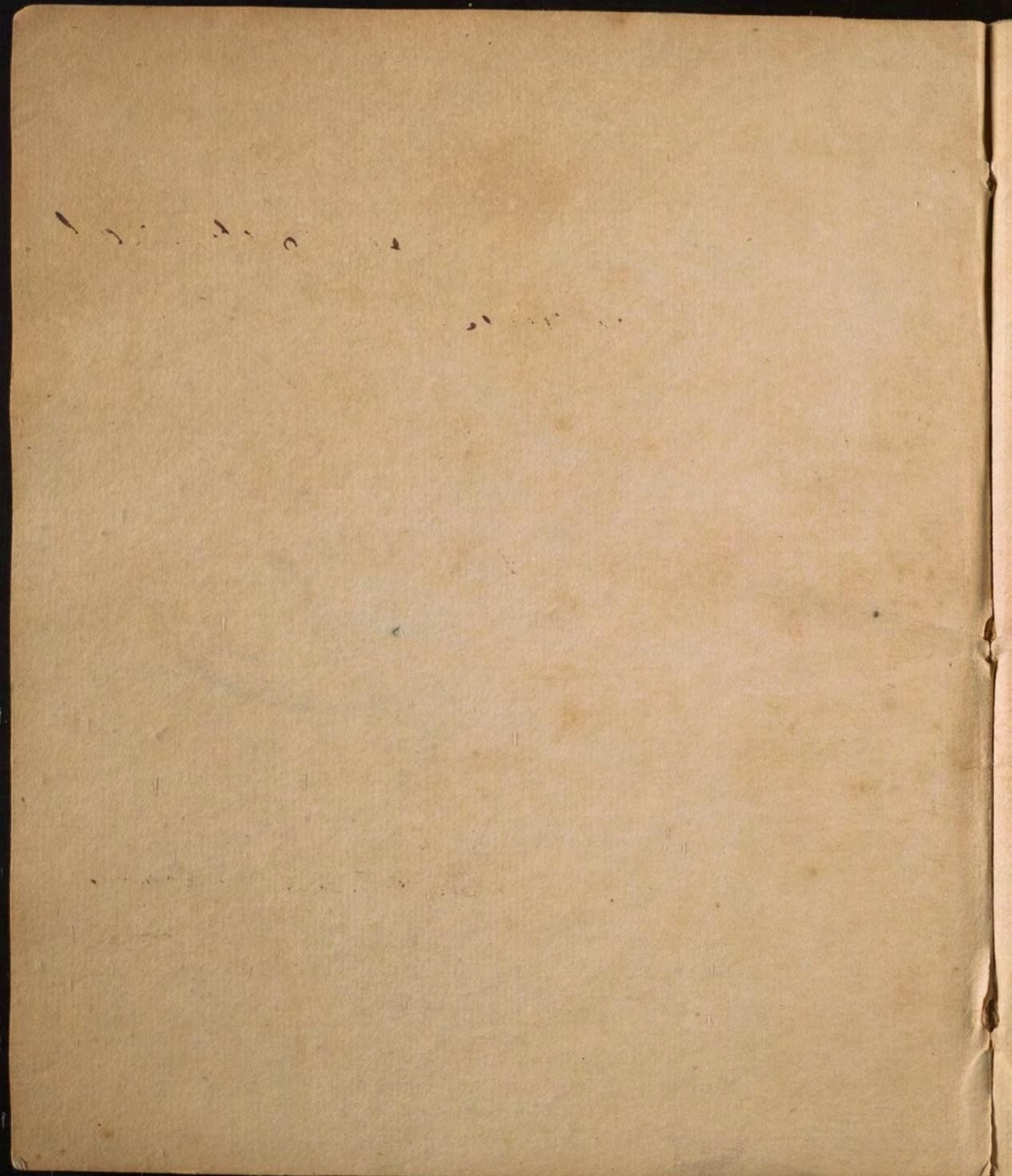


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Introduction to clinical lectures. —

Having directed our inquiries to remote organs,
we come now ^{to} actual disease.

12 - where Seat of pain? — ^{to} causes
it?

13 State of appetite - thirst - &c

14 State of aliment: Canal - & urinary
organs - what the nature of the matters
discharged?

15 w - of sleep - 16 what faults of the mind?
all necessary in acute & chronic diseases.

V 2 Examine the whole ² Diseases
show themselves in the face. Many ~~and~~
such as consumption:
by paleness - hanging of the lips - stone - deep melan-
-cholly - Hydrocephalus - a frown - Mania - a wryness
in the face.

VI & and above all the state of the pupil.
It indicates the state of the brain to be ^{DDarwin} dis-
ordered when enlarged - & Dr. Walker's has
lately said indicates consumption. It certain-
ly teaches much in the yellow fever.
4 Examine the state color of his hair red
hair most subject to scrofulosis. - black hair
generally connected ^{to} irritable habit.
5 Attend to the teeth. Good teeth ^{are} seldom
connected ^{the} w consumption: I have not found
it so - if it is - owing to ^{easy} mastication tempting
to eat too much solid food - or ^{that} disposed to ^{the} flu:
Spurts ^{which} we shall call inflammation: - But bad
teeth certainly dispose to bad health from im-
perfect mastication, or impure matter mixed with
the aliment. - I shall hereafter day they often produce

all these questions afford more or less insight into a disease according as the disease is acute or chronic. —

But your business in a sick room is not yet ended. There ~~is~~ is numberless-mains yet to be discovered by your own silent observations without asking a single question. —

1 Examine the Deumbition of the patient. Best when most natural. Is he quiet or restless in bed. ✓

2 Examine the eyes of your patient - whether red - more quickly - or languid &c whether black - or not - & why? consumpt. & putrid sore throat. What weight of bed clothes suit him best? - Shocks - the more action - the more clothes.

6 Attend to the Respiration. It shows state of the lungs in all its numerous diseases, & degrees of fever. —

7 Attend to the State of the skin, whether

general diseases, when they do not acht.

V 9 Attend to the state of the tongue - Here silence must be broken & the patient shd. be desired to put it out of his mouth.

- White indicates ~~fever~~ or inflammation ^{common & fever} also dysentery & fevers of mind like those. natural yellow bilious fever. Some rather case of tongue great malignity in fever - & dry ~~composition~~

Black tongue - a fever of the true typhus or putrid kind - here last stage of yellow fever. - guard against imposition - The tongue is

Often tinged black from claret - port wine -

Liquorice - diffuses a sweet jelly - & tobacco -

I have ~~not~~ been deceived by each - [This w^t]

not been ^{of} case, if authors & my masters in medicine had not thought them too trifling

to be mentioned.] The yellowness in a bilious fever continues often for four or five days

after ^{the} crisis of the disorder. -

10 Attend to the state of the nails -
black - the approach of fever or death.
~~no~~ favourable. yellow - yellow fever.

dry or moist - whether mader or sudor -
whether partial or general. -

8 To the Voice. - a hoarseness an alarming
sign in cough - a squeaking voice indicates
lymome trachealis ✓

10th: attend particularly to the state of the
pulse. ^{& of course seated in part by the pulse} as 19 diseases of 20 are febrile & few
~~contagious~~ degrees chiefly nature & degrees chiefly by
the pulse, and as in nearly all others
diseases directly, or indirectly, affect the
force or frequency of the pulse, it becomes
is at our setting out to make ourselves
intimately acquainted with every thing
& relates to it. I shall therefore spend
a lecture upon it. — go to lecture on signs
of disease.

¹ The pulse shd be felt with the
finger & not the thumb. Pulse is an
admittage ride from fingers of one's

✓ To supply the want of such an instrument
the aid of all the four fingers should be called
in where they can be conveniently applied.
^{one of} The final cause of it instead of one finger ^{is}
to multiply increase hnsation, & we certain-
ly feel best with all of them. We should feel
the right (when convenient) with the left, & the
left with the fingers of the right hand. The little
finger is best called into action in this way.

hand. It is to be wished an instrument could
be contrived to enlarge & render more acute
the sense of feeling as is done of vision by glasses,
& hearing & acoustics. V

1 Different positions of the body - as lying
on the back - sides - setting - Standing up - &
proximity to fire. —

3 Different positions of the arm influence
the pulse - th^d before from prepare - pro-
motion best - the fewest muscles then

act. I know a gentleman in this city who can
stop his pulse by the action of the muscles of his arm.

4 Passions of the mind - such as hope-fear
anger - also the action of the understanding
all influence the pulse - sh^d not be felt
now after a patient enters a room,
nor should a judgement be formed of
it after it has been recommended.

5 Conversation - a patient pulse is

v In the Palsy it is fuller & harder in the affected than in the sound Side Dr Lin
relates a case in w^{ch} it was 50 strokes in a minute in ^{the} right - & from 30 to 92 in the left or sound Side. —

To form a complete judgement, not less than 20 strokes should be felt - for I have found a pause at every 18th stroke. The Chinese always feel 49. — Hence perhaps their great accuracy in knowledge in the pulse. —

5

Often quenched by the recital of his case.
Should be felt, before or after it.

6 The state of sensation ~~is~~ is different in
different postures of his body. He should
always therefore feel it in the same posture.
Sitting for a reason formerly given it
be preferred. He will find an advantage
ⁱⁿ concentrating his sensations by
commanding silence; and even putting
his eyes. By the quiescence of one sense,
the acting sense is rendered more distinct
and acute. —

7 The pulse ^{generally} ~~will~~ ^{be} felt in both arms,
sometimes the pulse runs ^{alone} along the
Radius. I have known four or five
cases of this. The first time I perceived
it, it alarmed me. It ^{would} not be forgotten
in patients who have it. —

owing to stimulus of food business &c
hence exacerbation of fever in evening.

+ 10["] women have quicker
pulses than men. —

6

8 An allowance had been made for the exposure of the arm to the cold, which by its sedative quality lowers the pulse.

morning than at the midday - or in
the evening - & much slower in sleep,
than in the waking state. & attend to this.
according to Dr Haller. V
I shall hereafter explain the cause of it. - +

18 The pulse is different in different periods of life. It is quickest in Infancy & childhood so much so, - that a slow pulse in a young child is always considered as a mark of disease & particularly of the brain. The pulse in children varies with their ages. It is from 130 - to 140 on the day of its

V The pulse is slowest in animals according
to their size & vice versa. — owing to
several causes — but chiefly to heart
being larger in small animals in
proportion to their bulk than in
larger ones. — Short men have
quicker pulses than tall men.

7

birth. During the first year it is from 108 to 120. During the 2nd from 90 - to 108 - During the 3rd from 80 - to 108 - & it about the same during the 4th, 5th & 6th years of their lives. In the 7th year it is 72 - at & after 12 - it is ~~from~~ the same as Adults ^{are} w. is from 60 - to 80 . It is more easily quick'd than the pulse in adults from Stimuli. A full meal quickens it or stooches in a minute. It is best felt when they are asleep . 15 or 20 strokes below any of the numbers mentioned indicate the brain to be affected! -

pulse

In old people the ⁿ becomes slower and fuller than in middle life. Perhaps I shall ~~say~~ make it appear hereafter that it depends on the same cause as its becoming fuller & slower in

✓ Dr Heberden has likewise taken notice of it. He tells us that he has found it at 12-30, & even 26 in Old people.

✗ This fact was likewise first communicated to me by Morgagni, and Dr Heberden tells us that

+ Dr Heberden met with two cases of Old men whose pulses were irregular in health - became irregular in sickness - and irregular in proportion as they recovered. -

8

Sleep - viz unequal excitement, or an abstraction of excitement from the muscles in the ~~and a cessation~~ (which are totally relaxed in sleep diminished or absorption in old age) and a concentration of this excitement in the arterial system. — Further - the pulse is ~~subject~~ to changes in old people. Out of the pulses of near 50 old people whom I have examined with a reference to this fact, I have found this phenomⁿ: in $\frac{3}{4}$ of them. Morgagni first suggested the idea to me. It is remarkable that it becomes irregular by disease, from ^{the} action of a new stimulus upon it. But further ~~the~~ ^{But} it is equally remarkable that people seldom becomes much quicker than the pulse of a person in middle life even when they labour under inflam-

- ✓ 11 The pulse different in different stages of
society. In Indians only 50. In savages less
frequent than in inhabitants of cities.
- ✓ 12 There is a certain Idiosyncrasy in the
pulses of some people which require particu-
lar attention & which cannot be explained
by any of the common or natural
laws of the system. I know a woman in
this city ⁱⁿ whom no fever has ever raised
her pulse above 70. - Some people have
a pulse substantially quicker than natural.
& some fuller. - Mr Peters 100 in a minute.
~~great advantages would arise from~~
~~that measure~~
a Physician's knowledge of the state of
all his patients pulses in health. He
would better understand by this means its
deviations from health in sickness. Not-
to determine the velocity of the pulse. pulse
glasses & watches have been contriv'd - the
last to be preferred, as they have become familiar to
such people ~~from being go often used by~~ by Gymnasts
& Divines, as an emblem of departing life. Count
only $\frac{1}{4}$ of a minute. - So little consequence.

~~ebilities~~ fevers. Old Mr Fisher's case.
aged 77 - no quinsy till 3 days before
death. Dr Heberden says he has known at least 30
~~deaths in old people~~

This finishes the directions for feeling
a pulse - Let us next inquire into the
history of pulses & into the
knowledge which is to be obtained from them.

numerous variations. Volumes have
been written on this subject. We read of
the undulatory - oscillatory - & remittent
pulse - & we hear ^{the} astonishment of the
predictions of Tolans from these supposed

States of the pulse in acute Diseases. Dr Cullen
in feeling puls, declared that they had no foundation, & I was lately
~~opposition of~~ After 40 years experience,
made happy by finding out in Dr Thiry's Diseases of
Spain & an old Spanish physician that his something.
ages - in all diseases - and all states of
every disease. I shall mention the facts
which are to be depended on - and which
tho' some of them are voluntary may prevent
your falling into mistakes.

influenced by so many circumstances, & diverts the
mind from sleepiness - tension &c which are more important
+ It is divided, into the quick & frequent
The quick alludes to the time of each stroke,
the frequent - to the number of strokes in
a minute. E.g. The quick occurs in inf.
- the frequent ^{after exercise} in hectic fever. I

2 V The full & quick pulse without
hardness - which occurs in the first
stage of the yellow & bilious fever. This
might be called the lycœlous pulse

I There is a febrile pulse - This is essentially different from ^{the frequent} ~~a febrile~~ pulse which is observed in health from exercise & in some diseases. It is attended with in some cases with a jerk - and at all times imparts a sensation of irregular or convulsive action in the artery. It is sometimes contracted - sometimes feels like a flattened grill under the finger & ~~red~~ is

This febrile pulse is subdivided into - the ^{or tense}
 1. full & hard pulse - such as occurs in the ^{or lymphatic} Rhumatism & Phrenmonia & seldom very quick - always dangerous if above 120 except in ^{metamorphosis} Phrenmonia.

2. There is the small & hard or tense pulse, and in a mixed Rhumatism as in Phrenmonia in delicate habits & more quick than the former. I have given the name of lymphatic pulse.

3. The tympanis pulse - too weak & quick without hardness - as in the 2nd stage of what are called ^{low} the putrid & nervous fever. when it is ~~too late~~ ^{to} cure But here there is a great

V I saw a case of recovery from yellow fever in which
it was 175 min. Sally Eye.
V The Synochoid pulse. This pulse is
a grade or two below the Synocha,
or synochula pulse. It will in some
cases bear bluding.

V I shall only add here that too much
~~attention has been paid to the frequency~~
~~of the pulse. Even when its vigor is of~~
~~much more consequence - for more~~
~~circumstances formerly mentioned~~
~~than its strength. —~~

Diversity. A pulse is said by Dr Haller always to indicate death when above 140 ¹¹ or but from Dr Heberden says he saw a recovery after a fatal fever in which it was 180 - tho' he more frequently observed it to be fatal when the pulse exceeded 120, at least alarming when that number of strokes was preceded by a critical swelling. ^V But further I have observed a typhus gravior in which the pulse was only between 60 & 70. ~~60 strokes in a minute.~~ Henceafter Womphall we explain this fact? - a difficult problem. You after shall attempt it. ^V

6. The typhoid pulse ~~is intermediate between~~ ^{is a grade or two} below the synochord, ~~as approaches near to~~ ^{hard & full,} and the typhus pulse - seen in the first stage of nervous fever - in scurilita - and in presynthetic fever. Is of great consequence to attend to it - it will enable us to explain many ~~exptencias~~ difficulties with respect

8 There is the slow pulse - It occurs in Hydrocephalus intusus & apoplexy. A case of only 10 or 12 strokes in a minute related in the last Vol. of the Med. Com: It occurs in malignant fevers. pulse frequently 60-50-44-0 even 30. in the yellow fever.

7 There is the depressed pulse - which is weak & soft - and low as in Pneumonia morta - in his Diseases of Jamaica. Dr. Grier describes it most accurately. Sometimes scarcely perceptible - but ^{the vessels} sometimes occur in the yellow fever. Is described by Dr. Sydenham.

8 There is the Intermittent pulse. we find this in many acute diseases in which it is always dangerous. It occurred in a typhoid pneumonia in 1788 & Diphtheria of a person who died who had had this pulse. & showed no disease of the heart or arteries. It is less dangerous in chronic diseases. - common in persons worn out with pain or want of sleep. Do not expect to find them single. They all frequently run into each other. Do not expect any one of them con-stantly

to the those diseases, and the operations
of medicines in them.

¶ The febrile pulse - which is full & frequent
& sometimes hard - in the paroxysm
of the fever - ~~less~~ a circumstance of its
more related to typhoid than any others.
- hence the same medicines which do
harm in typhoid fever do harm here
as wine - Bark - Opium & generally Bis-
ters. ✓

These finish the febrile pulses -

But

If there is full - round - & quick pulse
not very quick - with a little inequal.
of action or jish in it. This occurs in
Gout & Dropsey. for these
diseases are partly ^{to the} arterial & partly
to the nervous system - hence there is
some irregular action or convulsions

° It is easily distinguished from the weak
 pulse formerly mentioned 1 by imparting
 a sense of tension to the finger. It shd.
 be felt for some time in order to
 discover this tension, & 2 By occurring
 in the first stage of acute diseases &
 in the paroxysms of such as are
 periodical. & 3rd By rising from
 evacuations of purging or blood letting.

✓ It depends ^{as well as the slow pulse} on affection of the brain
 of the heart, and in some cases
 of the liver. In Hunter 37 strokes
 is a Jamudie.

- 1 Short men quicker pulse &ⁿ
tall
- 2 winter slower ⁿ summer
- 3 women's quicker & even.
- 4 Dicrotas - two quick strokes
preceded by regular or slow
ones.
- 5 Incidens one rising over a
another for 3 strokes like the
waves of the sea.

in even the same diseases. They change into different stages - different days - & sometimes on the same day - This fact of great consequence - Shows the necessity of frequently visiting your patients in febrile diseases, & of frequently

writing your prescriptions - As a ^{arterial} ~~disease~~ ^{is nothing but} ~~is~~ a condition of the system, & this should be conformed to, instead of ^{& not} the ^{name} which is given to a disease. —

There is sometimes a bounding pulse in which two or three quick strokes are followed by one slow one - said by Solano to indicate Typhus - but not so, according to Linneian. It is called the Dicrotic pulse.

There is the unusual or overlapping pulse another for 3 strokes of the heart - common in disease of the breast - full & weak called midamus. — All this variety in the pulse

in the pulse - for irregularity of action, or convulsion in the arterial system I shall say hereafter constitutes the proximate cause of fever. —

2, There is the weak - ~~regular~~ pulse ^{the} frequent pulse won't chronic any irregular action as in all the diseases of debility which affect the nervous system.

3, There is a full bounding pulse such as occurs in anæmia & polypus. It'd be carefully distinguishingly attended with palpitation of the heart. ✓

I think these remarks on the pulse to be indispensably necessary to your profiting ^{by} the clinical lectures. ^{of}

conceive the Pulse to be the dial plate But ~~of~~ it is the disease itself, and of the system in most of diseases. They all those local affections which fill our nomenclature, more stamp upon it than any thing are only symptoms of this disease as I should be else. It was neglected by Hippocrates

& Galen Celsus - Galen first raised the Attention of Physicians to it. Dr Brown

depends upon the greater or lesser strength
of the heart - or arteries, or upon both.
E.g. the full on the former - the hard
on the latter - full & hard on both.
The hard in old people - on a disposition of spirit.
The Varieties described, further, depend on the
State of the lungs & on the irritability of the
system. This is manifested in Diseases
which are simply nervous. Much less
to be learnt in them ^{from the pulse} than in arterial
diseases, & perhaps nothing except when
they bring the Arteries into Hystero-sympathy.
It changes a hundred times frequently in
Hysteria. - It is sometimes absent for hours.
I once saw it for absent for 24 hours in
a disorder of alimentary canal, & yet the
patient recovered. - It is sometimes absent
for 12 hours in fevers without death.

in his system of medicine treats it wth: contempt. In the system of physic which I propose to teach, the knowledge of its different states, & of all the circumstances w^{ch} influence it are of the utmost consequence, of it - and habits of attention to it will produce an accuracy and perfection of knowledge in it; of which as yet you can form no conception.

- The Arterial System which gives the pulse, is ¹⁰ intimately connected wth the nervous system - the aliment^{ary} canal - the lymphatics - & ^{the} brain, that few things affect either of them without being ^{more or less} discerned in the pulse. I make it a practice to examine it not only when I wish to determine

✓ One thing more gent: absolutely
necessay, before you prescribe for, or
leave your patient, & that is to give
his Disease a name. This I know
is difficult for many Diseases from
✓ novelty, or combinations ^{& frequent change} hanc-
for ought to have ^r
names - But this will not satisfy
✓ patient - his disorder must be named,
or you will not long maintain his
confidence. In the modern nomenclature
you will find names eno - and if the
disease be not a plain or simple one,
the more technical y^r name ^c better.
Story of Echymosis. — Take care
only Gent: if you should write in

15

upon us, but 2 in regulating diet.
3 the use of Opium. 4 the exhibition
of Vomits & purges. 5 the use of the
hot & cold bath — 6. the sudorificum
7 Sudorifics - and 8 Bark. — ✓

— all that has been derived ^{is} ~~so~~ necessary to be known in all
first visit to a patient before we pre-
scribe for him. In our next, &
subsequent visits - our questions may
be much fewer. and perhaps the
fewer the better, especially in acute
diseases of the breast where it ^{speaking} ~~goes~~
most much gives pain. They shd.
be, what is the effect of the medicine
upon the Stomach - bowels - Urine &
Inspiration - for by y^t. name & white

a commercial city, & the yellow fever
should make its appearance, not to
call it by its proper name instead
of it - call it ^{prevailing} bilious fever -
epidemic - ^{of a quick termination} tertian
fever - nervous fever - inflame Remittent
or more Intermittent - Lethargy -
tingling illness -
and - of even goit. This paganism in
medicine will be very ^{incuse} unprofitable to
those people who hold the golden balance
of wealth & fame in their hands, and
will defend you from being stigmatized
as madmen, and fools, & enemies to
the prosperity of your country.

people now falsely designate sweat. —
2 what is the state of the appetite, &
3 How long has the patient slept - &
was it sound - the return or in any
degree of the two last always furnishes
evidence. —

Nov^r 16. Lectured on consumptions
from Dr. O'Hagan - In "Reed &
cous.

Nov^r 17. The same subject continued.

— 21 D^o continued. —

— 23 D^o con^d:

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